

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3447HWH	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2009
NAME OF PROVIDER OR SUPPLIER VISION HOUSE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 3614 SPENCER STREET LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
WW000	<p>INITIAL COMMENTS</p> <p>This Regulation is not met as evidenced by: The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure conducted at your facility on 7/8/09.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Halfway Houses for Recovering Alcohol and Drug Abusers Regulations, adopted by the Nevada State Board of Health on December 17, 2001 with an effective date of 01/01/02.</p> <p>The facility is licensed for 15 beds. The census at the time of the survey was five.</p> <p>The following deficiencies were identified:</p>	WW000		
WW004 SS=C	<p>ADMINISTRATOR QUALIFICATIONS</p> <p>NAC 449.15491 An administrator must: 1. Be at least 21 years of age;</p>	WW004		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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WW004	Continued From page 1 This Regulation is not met as evidenced by: Based on interview and record review on 7/8/09, the facility failed to keep a complete personnel file for the administrator of the facility. Findings include: On 7/8/09, the administrator's file was requested for review. Staff reported the facility did not maintain a copy of the administrator's file in the facility. Without the administrator's file to review, the administrator's demographics such as age was unknown. Severity: 1 Scope: 3	WW004		
WW005 SS=F	ADMINISTRATOR QUALIFICATIONS NAC 449.15491 An administrator must: (2) Have the tests and obtain the certifications required by NAC 441A.375 for a person employed in a facility for the dependent; This Regulation is not met as evidenced by: Based on record review on 7/8/09, it was determined the facility failed obtain the certifications required by NAC 441A.375 for the administrator.. Findings include:	WW005		

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WW005	Continued From page 2 On 7/8/09, the facility failed to provide a personnel file for the administrator which provided documented evidence of tuberculous testing. Severity: 2 Scope: 3	WW005		
WW006 SS=C	ADMINISTRATOR QUALIFICATIONS NAC 449.15491: An administrator must: (3) Maintain evidence that he satisfies the requirements of this section in a file that is maintained on the premises of the facility. This Regulation is not met as evidenced by: Based on interview and record review on 7/8/09, the facility failed to keep a complete personnel file for the administrator at the facility. Findings include: On 7/8/09, when asked if the facility had a copy of the administrator's file, Employee #1 advised the facility did not maintain a copy of the administrator file. Severity: 1 Scope: 3	WW006		
WW009 SS=C	ADMINISTRATOR GENERAL DUTIES NAC 449.1254911: An administrator shall: (3) Establish policies, procedures and rules for	WW009		

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WW009	Continued From page 3 the operation of the facility, including, without limitation, the policies and procedures required to be established by NAC 449.154915. This Regulation is not met as evidenced by: Based on interview on 7/8/09, the administrator failed to establish policies and procedures for the operation of the facility. Findings include: The policy and procedure manual was requested for review. Staff reported the facility did not have a manual to review. It is unknown if the administrator had established any policies and procedures governing the operation of the facility. Severity: 1 Scope: 3	WW009			
WW011 SS=F	ADMINISTRATOR GENERAL DUTIES NAC 449.154911: An administrator shall: (5) Ensure that the facility complies with any applicable state statutes and regulations and local ordinances. This Regulation is not met as evidenced by: NRS 652.060 " Medical laboratory " defined. " Medical laboratory " means any facility for microbiological, serological, immuno-hematological (blood banking), cytological, histological, chemical, hematological, biophysical, toxicological, or other methods of	WW011			

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WW011	<p>Continued From page 4</p> <p>examination of tissues, secretions or excretions of the human body. The term does not include a forensic laboratory operated by a law enforcement agency.</p> <p>NRS 652.080 License required; term; renewal; inactive status; licensure of laboratory located outside state.</p> <p>1. Except as otherwise provided in NRS 652.217 and NRS 652.235, no person may operate, conduct, issue a report from or maintain a medical laboratory without first obtaining a license to do so issued by the Health Division pursuant to the provisions of this chapter.</p> <p>2. A license issued pursuant to the provisions of subsection 1 is valid for 24 months and is renewable biennially on or before the date of its expiration.</p> <p>3. No license may be issued to a laboratory which does not have a laboratory director.</p> <p>4. A license may be placed in an inactive status upon the approval of the Health Division and the payment of current fees.</p> <p>5. The Health Division may require a laboratory that is located outside of this state to be licensed in accordance with the provisions of this chapter before the laboratory may examine any specimens collected within this state if the Health Division determines that the licensure is necessary to protect the public health, safety and welfare of the residents of this state.</p> <p>Based on interview on 7/8/09, the facility did not have a State license to conduct screening tests on 5 of 5 residents.</p> <p>Findings include:</p> <p>It was discovered during the survey staff were testing the urine and saliva of residents if staff believed them to be under the influence of controlled substances.</p>	WW011		

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WW011	Continued From page 5 Severity: 2 Scope: 3	WW011		
WW014 SS=C	ADMINISTRATOR GENERAL DUTIES NAC 449.154911: An administrator shall: (8) Review and approve changes in the policies and procedures established pursuant to subsection 3 at least annually. This review must be signed and dated. This Regulation is not met as evidenced by: Based on interview on 7/8/09, the administrator failed to annually review policies and procedures for the operation of the facility. Findings include: On 7/8/09, the policy and procedure manual was requested for review. Staff reported the facility did not have a manual for review. It was unknown if the administrator had established any policies and procedures governing the operation of the facility or if the administrator had annually reviewed the policies and procedures. Severity: 1 Scope: 3	WW014		
WW027 SS=C	POLICIES AND PROCEDURES; ESTABLISHMENT; MAINT NAC 449.154915: (2) The administrator shall maintain a manual of policies, procedures and rules of the facility that includes the policies and procedures established	WW027		

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WW027	<p>Continued From page 6</p> <p>pursuant to subsection 1. The manual must be available on the premises of the facility at all times.</p> <p>This Regulation is not met as evidenced by: Based on interview on 7/8/09, the administrator failed to maintain a manual of policies and procedures on the premises of the facility at all times.</p> <p>Findings include:</p> <p>According to NAC 449.154915, the facility must have policy and procedures concerning the following items:</p> <ul style="list-style-type: none"> (a) The manner in which records of clients will be maintained and protected against unauthorized use; (b) The disclosure of confidential information about clients; (c) The criteria the facility will use to determine whether to: <ul style="list-style-type: none"> (1) Admit a client to the facility; and (2) Discharge a client from the facility; (d) The discharge of a client for a violation of the rules of the facility; (e) The discharge of a client for the use of alcohol or drugs; (f) The rights and responsibilities of a client; and (g) The evacuation of clients in case of fire or other emergency as required by NAC 449.154945. <p>On 7/8/09, the policy and procedure manual was requested for review. Staff reported the administrator did not keep a manual of the policy</p>	WW027			

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WW027	Continued From page 7 and procedures covering the above listed items in the facility. Severity: 1 Scope: 3	WW027		
WW035 SS=F	HEALTH AND SANITATION NAC 449.154919: (3) To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation on 7/8/09, the facility was not free of dirt. Findings include: During a tour of the facility on 7/8/09 at 10:30 AM, the large ceiling air intake near the laundry room was coated with a thick layer of dust. Severity: 2 Scope: 3	WW035		
WW037 SS=D	HEALTH AND SANITATION NAC 449.154919: (5) All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.	WW037		

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WW037	Continued From page 8 This Regulation is not met as evidenced by: Based on observations on 7/8/09, all windows capable of being opened were screened to prevent the entry of insects. Findings include: During a facility tour on 7/8/09, windows in bedroom # 2 and bedroom # 4 were missing screens. Severity: 2 Scope: 1	WW037		
WW041 SS=D	LAUNDRY FACILITIES NAC 449.154921: (2) The laundry area in a facility must be maintained in a sanitary manner. All the equipment in the laundry area must be maintained in good working condition. All dryers must be ventilated to the outside of the building. This Regulation is not met as evidenced by: Based on observations on 7/8/09, the laundry area was not clean. Findings include: During a tour of the laundry area on 7/8/09, a thick layer of lint was built up behind the stacked washer and dryer. Severity: 2 Scope: 1	WW041		

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WW042	Continued From page 9	WW042		
WW042 SS=D	<p>KITCHENS; STORAGE OF FOOD</p> <p>NAC 449.154923: (1) The kitchen in a facility and the equipment in the kitchen must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.</p> <p>This Regulation is not met as evidenced by: Based on observations on 7/8/09, the kitchen equipment was not clean.</p> <p>Findings include:</p> <p>During a tour of the kitchen on 7/8/09, the stove hood was coated with a sticky yellow substance with multiple insects stuck to the substance. The bottom of the oven door had evidence of burnt on food.</p> <p>Severity: 2 Scope: 1</p>	WW042		
WW043 SS=D	<p>KITCHENS; STORAGE OF FOOD</p> <p>NAC 449.154923: (2) Perishable food must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen food must be kept at a temperature of 0 degrees Fahrenheit or less.</p> <p>This Regulation is not met as evidenced by: Based on observations on 7/8/09, the refrigeration equipment was not maintaining the prescribed temperatures.</p>	WW043		

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WW043	Continued From page 10 Findings include: On 7/8/09 the freezer at the rear of the facility failed to maintain a temperature of 0 degrees Fahrenheit or below. At the time of the survey the temperature of this freezer was 17 degrees Fahrenheit. Employee #1 related the freezer would not freeze ice cream. Severity: 2 Scope: 1	WW043			
WW045 SS=C	BEDROOMS; BEDDING NAC 449.154925: (1) A bedroom in a facility that is used by more than one client must have at least 45 square feet of floor space for each client who resides in the bedroom. A bedroom that is occupied by only one client must have at least 80 square feet of floor space. This Regulation is not met as evidenced by: Based upon observation on 7/8/09, the facility failed to ensure each client had at least 45 square feet of floor space in their bedroom when shared by other clients. Findings include: On 7/8/09, the facility was licensed for fifteen beds. The facility had twenty-one beds set-up. With the manager and assistant manager the maximum number of beds authorized for this facility is seventeen beds. Two bedrooms were over capacity for beds.	WW045			

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WW045	Continued From page 11 Bedroom #1 had 4 beds. Bedroom #1 measured 103 square feet enough for 2 beds. Bedroom #4 had 8 beds. Bedroom #4 measured 340 square enough for 7 beds Severity: 1 Scope: 3	WW045		
WW053 SS=F	FIRST AID NAC 449.154933: (1) A first aid kit must be available at the facility. The first aid kit must include, without limitation: (a) A germicide safe for use by humans. This Regulation is not met as evidenced by: Based on interview on 7/8/09, the facility failed to maintain first aid kit. Findings include: According to NAC 449.154933, the facility must have a first aid kit with the following items: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. On 7/8/09, the first aid kit was requested to examine the contents. Staff reported they did not have a first aid kit at the facility.	WW053		

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WW053	Continued From page 12 Severity: 2 Scope: 3	WW053		
WW066 SS=C	TELEPHONES; TELEPHONE NUMBER NAC 449.154937: An administrator shall ensure that: (2) The telephone number of the facility is listed in the telephone directory. This Regulation is not met as evidenced by: Based on interview on 7/8/09, the telephone number of the facility failed to be listed in the telephone directory. Findings include: On 7/8/09, the staff advised the facility phone number was not listed in the telephone book. Severity: 1 Scope : 3	WW066		
WW072 SS=F	RIGHTS OF CLIENTS NAC 449.154941: An administrator shall ensure that: (4) The facility provides a safe and comfortable environment. This Regulation is not met as evidenced by: Based on observation on 7/8/09, the facility failed to ensure a safe environment.	WW072		

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WW072	Continued From page 13 Findings include: On 7/8/09 medications and cleaning supplies were observed commingled in a storage cabinet. Exposed electrical wires were not covered in a ceiling junction box near bedroom #7. Severity: 2 Scope: 3	WW072		
WW076 SS=C	CLIENT FILES; MAINTENANCE; CONTENTS; CONFIDEN NAC 449.154943: (1) An administrator shall ensure that the facility maintains a separate file for each client of the facility and retains the file for at least 5 years after the client permanently leaves the facility. The file must be kept locked in a location that is protected against unauthorized use. Each file must contain the information obtained by the facility that is related to the client, including, without limitation: (a) The full name, address, date of birth and social security number of the client. This Regulation is not met as evidenced by: Based upon record review on 7/8/09, 5 of 5 resident files were not complete. Findings include:	WW076		

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WW076	Continued From page 14 Five resident files were reviewed. Two of the files failed to list a former address, if any (Resident #1, & #2). Severity: 1 Scope: 3	WW076		
WW079 SS=F	CLIENT FILES; MAINTENANCE; CONTENTS; CONFIDEN NAC 449.154943: (1) An administrator shall ensure that the facility maintains a separate file for each client of the facility and retains the file for at least 5 years after the client permanently leaves the facility. The file must be kept locked in a location that is protected against unauthorized use. Each file must contain the information obtained by the facility that is related to the client, including, without limitation: (d) Evidence of compliance with the provisions of NAC 441A.380. This Regulation is not met as evidenced by: Based on record review on 7/8/09, the facility failed to ensure 4 of 5 residents complied with NAC 449.380 regarding tuberculosis (TB) testing . Findings include: Resident #1 - The resident's file did not contain evidence of a two-step TB skin test.	WW079		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3447HWH	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2009
NAME OF PROVIDER OR SUPPLIER VISION HOUSE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 3614 SPENCER STREET LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
WW079	Continued From page 15 Resident #2 - The resident's file did not contain evidence of a positive TB skin test, to explain the need for the chest X-Ray in the resident's file. Resident #4 - The resident's file did not contain evidence of a two-step TB skin test. Resident #5 - The resident's file did not contain evidence of a two-step TB skin test. Severity: 2 Scope: 3	WW079		
WW086 SS=F	SAFETY FROM FIRE NAC 449.154945: (2) The administrator shall ensure that the facility has a plan for the evacuation of clients in case of fire or other emergency. The plan must be: (c) Discussed with each client at the time of his admission. This Regulation is not met as evidenced by: Based on record review on 7/8/09, the administrator failed to ensure the evacuation plan had been shared with 5 of 5 residents. Findings include: Five resident files were reviewed. The files did not contain evidence the evacuation plan had been discussed with residents at admission. Severity: 2 Scope: 3	WW086		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3447HWH	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2009
NAME OF PROVIDER OR SUPPLIER VISION HOUSE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 3614 SPENCER STREET LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
WW090	Continued From page 16	WW090		
WW090 SS=C	<p>SAFETY FROM FIRE</p> <p>NAC 449.154945:</p> <p>(b) Posted in common area of the facility</p> <p>This Regulation is not met as evidenced by: Based on observation on 7/8/09, the facility failed to ensure the smoking policy was posted.</p> <p>Findings include:</p> <p>The smoking policy was not posted in any area of the facility. Employee #1 remarked the sign must have been removed and not put back up when we painted the walls.</p> <p>Severity: 1 Scope: 3</p>	WW090		
WW091 SS=F	<p>SAFETY FROM FIRE</p> <p>NAC 449.154945:</p> <p>5. Smoke detectors installed in a facility must be maintained in proper operating condition at all times and must be tested monthly. The results of the tests conducted pursuant to this subsection must be recorded and maintained at the facility.</p> <p>This Regulation is not met as evidenced by:</p>	WW091		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3447HWH	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2009
NAME OF PROVIDER OR SUPPLIER VISION HOUSE 1			STREET ADDRESS, CITY, STATE, ZIP CODE 3614 SPENCER STREET LAS VEGAS, NV 89109		
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WW091	<p>Continued From page 17</p> <p>Based on observation on 7/8/09, the facility failed to ensure installed smoke detectors were functioning.</p> <p>Findings include:</p> <p>On 7/8/09, 4 of 11 smoke detectors installed were operational. One smoke detector was missing in bedroom #7.</p> <p>Severity: 2 Scope: 3</p>	WW091			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.